

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JK</i>		<i>05-30-01</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>6/11/01</i>
FORMALITY REVIEW	<i>SL</i>	<i>1128</i>	<i>7/26/01</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>1091</i>	<i>11-09-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	<i>3/1/04</i>
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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*Handwritten notes:*  
 11/26  
 11/11  
 11/11  
 11/11